[Music]

**Ivette:**
Hello, I'm Ivette Torres and welcome to another edition of the *Road to Recovery*. Today we'll be talking about preventing and addressing opioid misuse and opioid addiction, our nation's challenge. Joining us in our panel today are: Dr. Jack Stein, Director of the Office of Science Policy and Communications, National Institute on Drug Abuse, Bethesda, Maryland; Dr. Renee Benzel, Regional Medical Director at Horizon Pharma, Rockville, Maryland; Dr. Kimberly Johnson, Director of the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland; General Arthur Dean, Chairman and CEO at Community Anti-Drug Coalitions of America, Washington, D.C.

Dr. Johnson, the media has recently been talking quite a bit about the heroin epidemic in this country. What is the extent of the problem and what is the major cause of the epidemic?

**Kimberly Johnson:**
Well, the epidemic really started back around 2000 with the abuse of prescription opiates like OxyContin or other medications that were for pain, and we've really seen an uptick in the heroin abuse really mostly in the past five years. And we think that it's related in some ways to people transferring from prescription drugs to heroin. The numbers of people who are abusing heroin are actually relatively small but what we're seeing is growth in the use and particularly growth in overdose deaths which has been growing quite alarmingly and that's part of what's causing all the attention.

**Ivette:**
Very good. Thank you. And General Dean, what do families need to understand as they are looking at this challenge in terms of the potential risk of prescription opioids?

**General Dean:**
Well, a couple things. First, I would say that as we talk about the media coverage before I talk specifically about the families. The media coverage has been primarily focused on the loss of lives and how we might treat people and keep them from overdosing which is very critical, but we also need to make sure that the media addresses this problem in a more holistic way. And what I mean by that is that it's important that we talk about prevention, intervening and in addressing the problem from the very beginning and following it all the way through to the end. And I'm concerned that the media has not been doing that. Families need to be very concerned about this because the problems associated with the abuse of opioids and medicines not only impacts the individual but it impacts the family, it impacts the entire community and we need to have open conversations about it. We need to put in place safeguards within our homes to

make sure that the medicines that we have been given for legitimate purposes are not being abused. So it's important that the family and the community understands this issue, embrace it and talk openly about it.

**Ivette:**
And Dr. Stein, talk to us about what is the non-medical use or misuse of prescription opioids?

**Jack Stein:**
Yes. Well, that's clearly one of the major problems here and has been driving a lot of the overdose epidemic that we do have in this country. It's really astounding when you look at the number of prescriptions that have actually been written for pain management in this country. One, we need to recognize that pain management is a legitimate and important component of our healthcare delivery system. At the same time, when you take a look at good prescribing practices, over 200 million prescriptions for pain management were issued back in 2014. That translates to several billion tablets or tabs or pills. The question, of course, is are they all being used for legitimate pain or in fact is it being diverted? And unfortunately, the reality is much of it has been diverted. In fact, if you look at the data, if you look at the statistics, a majority of people who are accessing prescription medications for non-medical use are actually getting them from family or friends or other sources. Some, of course, from their own physician but it's being diverted and it's because it's available. And General Dean is absolutely correct, we have so many opportunities to intervene early and really prevent so much of what is happening down the line in terms of the level of addiction and problems that we're seeing.

**Ivette:**
Very good. And Dr. Benzel, more than one person on the panel has talked about the prescribing of these medications. What do individuals who are prescribed these medications need to be aware of? What should they be on the lookout for?

**Renee Benzel:**
I think that there are other pharmacologic means and non-pharmacologic means for managing pain. So you don't necessarily need to be prescribed an opiate, which in the past has been very loose, as well as who should get it. Not really stratifying patients correctly, but also giving more than is necessary for the pain generator. So I think we should be vigilant in asking do we need an opiate either for ourselves or for our children, and then secondly, only giving a limited quantity to get you through that severe pain episode.

**Ivette:**
That's very true. Sometimes I'm prescribed, not only analgesic medication but other medication and they over prescribe. I mean you're left with almost three-quarters of the prescription in the home.

**Kimberly Johnson:**
Can I just add to that because I think a lot of us, we have a cupboard-full of old medications that we hang on to just in case we might need them later on. I think people also in general are pretty free about sharing their medication, so a friend has something, symptoms that sound kind of like yours and people say, oh, I have this thing, would you like to try it and see how it works? So I think we need to be very aware of the environment that creates when we have loads of medicine we're just hanging on to just in case, and we're sort of freely sharing medication that was prescribed.

**Ivette:**
Very true. Jack, Dr. Stein, we at the CSAT have been going around to various universities and colleges and talking to them about prescription misuse, and I was alarmed certainly to learn that a lot of the medications that the collegiate level young adults get a hold of, are prescribed by their health units, if they go in and they say I've got a toothache and I can't get to my dentist. And some of them say they'll prescribe Oxycodone for this malady. So do parents need to be aware and who talks to these youth and young adults to warn them?

**Jack Stein:**
Absolutely. I like you calling me Jack, so Ivette, we can go on a first-name basis. Yeah, I don't think an issue to this level has ever caused us to stop, pause and take a close look at how in fact medicine is delivered in this country. So in medical schools and in college health units and prescribers all over the country, we're all stopping and pausing and taking a close look at how in fact medicine should be administered. And we're very fortunate, and I know we'll be talking about this more today, about the CDC has recently issued some guidelines around how to treat for chronic pain, and leading up to those recommendations was a much better understanding in terms of what we do know and what we don't know about how pain should be managed and the role that opioids can and don't have to play in that. So I think it's giving us a pause to step back in terms of prescribing practices in general and the families play a key role in that particularly when they're dealing with minors because a parent has that responsibility to ask those questions.

**Ivette:**
General Dean, I saw you writing something down. Did you want to add to that?

**General Dean:**
Well, I was gonna just say, and we'll probably get to it a little later but I think it's important to say it now, and one of the reasons why we, I work so hard to ensure that all states have a prescription drug monitoring program and that they have active programs meaning that the physicians have to provide the data into those programs so that people cannot do doctor shopping and not get medicines that they do not deserve to have. I went on a ride-along with the police down in the state of Florida and saw people going into what was quote-unquote called pain

mills, getting all these prescriptions that they rightfully should not have had. And we have only one state in the U.S. now that does not have one. That's the state of Missouri. Now, everyone has been working and pushing Missouri to make sure that they have one. And those kind of programs are critical for us to have to make sure that we—because as Dr. Stein said, availability drives use and if we can manage and control availability, we can drive down use.

**Ivette:**
Do your coalitions get involved in calling for these measures within the states?

**General Dean:**
Absolutely. They inform their state leaders, they inform their elected officials. This is something that is very critical and important to them. And they also have been doing a lot of work with law enforcement on making sure that they have appropriate dispensaries—or I should say boxes—where they can turn their medicines in, and working with the Drug Enforcement Administration on take back issues. So yes, they are actively involved in this.

**Ivette:**
So Dr. Johnson, we've got the prescription misuse. Once the person misuses or gets—moves on to heroin, can you explain a little bit what opioid use disorder is?

**Kimberly Johnson:**
So an opioid use disorder is when someone—there are actually 11 symptoms of opioid use disorder. So when someone meets the diagnostic criteria for having a minimum of two of those eleven symptoms, and the symptoms are things like having cravings, having physical withdrawal and also things like getting into trouble because of your seeking or your using of the opioid use drugs.

**Ivette:**
Very good. When we come back, we are going to talk about how we then manage the addiction issues related to opioid misuse and opioid addiction. We'll be right back.

[Music]

**Kana Enomoto:**
Opioid misuse is a rising epidemic that is having devastating consequences for individuals, families, and communities across the nation. It is truly a matter of life or death. Addiction to prescription painkillers and powerful illegal opioids—like heroin and illicit fentanyl—is skyrocketing. In 2014, an estimated 4.3 million people aged 12 or older had misused pain relievers during the past month and an estimated 1.9 million people aged 12 or older had an opioid use disorder. The number of heroin users has doubled since 2007. In 2014, an estimated 914,000 people aged 12 or older had used heroin in the past year. The human costs are

staggering. People are losing their jobs, homes, families and their lives. Every day, 44 people in the United States die from prescription drug overdose. Not enough people are getting treatment for opioid addiction—only 2 out of 10 people with an opioid use disorder get the treatment they need. SAMHSA is playing a lead role in carrying out the HHS initiative to reduce opioid overdose deaths by focusing on three high-impact areas: one, improving prescribing practices; two, increasing access to the overdose-reversal drug, naloxone; and three, expanding the use of medication-assisted treatment. Agencies across the federal government are working together and with partners in communities across the country to confront opioid misuse from every angle. We're educating the public on the risks of prescription drug misuse; we're expanding community-based efforts to prevent drug use; and we're pursuing "smart on crime" and coordinated approaches to drug enforcement, including heroin trafficking.

[Music]

**Justin Phillips:**
My son, Aaron, was 20 years old, in October of 2013 he overdosed on heroin. Something made me decide that I wanted to tell the story. That was part of the challenge for me was that denial and our inability as a family to acknowledge the real problem that existed for Aaron and the danger I did not know, I did not know, really that opioids can come with such an instant death sentence.

**Kourtanye Sturgeon:**
I remember hearing on the news about prescription medicine, prescription pain pills that kids were using it and it was harming them. I remember thinking, that's not me, I remember thinking, oh it's prescription pills, they're not dangerous.

**Bobby Grubb:**
When you take prescription opiates you might not think you can overdose and you might not, but the odds are that you're going to start using other stronger opiates or even heroin and with the stronger opiates there's definitely a chance of overdose.

**Carl Rochelle:**
This is a societal problem that we have to address and we have to face. Pretending it doesn't exist is not going to make it go away. It's going to allow it to get even worse and that's an area where Overdose Lifeline has a great deal of expertise.

**Justin Phillips:**

Overdose Lifeline is a non-profit based in Indiana, primarily we work out of Indianapolis but we cover the whole state. And our mission really is about stigma, addiction and providing resources to families and loved ones of individuals. This is Not About Drugs, as a prevention education program, was piloted just a year ago in 5 schools in the Marion county Indianapolis area. We were able to reach about 1900 kids. All very good results.

**Kourtanye Sturgeon:**
And through May of this year 2016 we have reached about 9200 students in middle school and high school in the state of Indiana. Any community that has a need, which is pretty much across our nation, I want them to know that there's a program that can reach our youth and clearly explain to them the risk of opioids and help prevent that first use, to stop the number of people that are facing addiction or the reality of overdose.

[Music]

**Male VO:**
My family and friends are always with me, no matter where I may be. Sharing stories from home helps me sustain my recovery from my mental and substance use disorder. Join the voices for recovery: our families, our stories, our recovery!

**Female VO:**
For confidential information on mental and substance use disorders including prevention and treatment referral for you or someone you know, call 1-800-662-HELP. Brought to you by the U.S. Department of Health & Human Services.

**Ivette:**
Welcome back. Dr. Johnson, there are many efforts throughout government related to this epidemic. I would like for you to address what SAMHSA is doing related to it.

**Kimberly Johnson:**
We're doing a number of things both on the treatment and prevention side. So I'll start with prevention. Our prevention work, while we are working with the communities and trying to do primary prevention, early identification, one of the primary new efforts in prevention is preventing overdose death. So we have a number of grants and opportunities to help communities get access to Naloxone or Narcan which is an antidote to overdose. So that's one activity that's a relatively new activity that we're engaged in. We also have some grant programs around increasing access to treatment and we have some training programs and some efforts to try to get more physicians who are—we call wavered who are able to prescribe Buprenorphine and who have more education about addiction in general so that they can treat addiction. So multiple efforts on multiple levels to try and address this issue from a prevention and a treatment perspective.

**Ivette:**
Very good. And Jack, I'm sure NIDA is also part of the effort to address this issue within the department.

**Jack Stein:**
We are. We work very closely with SAMHSA and other federal partners, and NIDA, of course, is the research arm of the Department of Health and Human Services with respect to drug addiction issues, and there's some really exciting things that have been happening. One in particular has been the advent of a nasal formulation of Naloxone, the antidote that we just talked about. So that's very exciting in terms of access and ease of use. Then we're in the throws of working on some new medications that actually will have less abuse potential so that in fact down the line opioids, for example, may not be actually necessary as a means of treating pain because there are new approaches to that. That's down the line but that's some of the exciting research that's really underway currently at NIDA.

**Ivette:**
Very good. Dr. Benzel, the efforts within the pharmaceutical industry is also alive and well. Are they moving to address this issue in a very direct way?

**Renee Benzel:**
Well, I think that they have been trying to adjust or change the formulation of medications to make them more abuse-deterrent. And while we can't really call them abuse-deterrent, they are more difficult to manipulate in order to get the drug rapidly which is what one wants when typically they're addicted. But also they've tried to implement REMS programs which is where they're monitoring the use and prescribing of the drug. But I think in general what I've seen in my opinion, is that as drugs become more difficult to get certain opiates, then the user switches to, for example, short-acting opiates now that OxyContin has been reformulated. They're now switching to more concentrated short-acting Oxycodone. So there's still a lot to be done and developed when it comes to pharma as well as the FDA's input in terms of drug approval because they still seem to be approving drugs, I would think, much more rapidly given the epidemic that we have going on.

**Ivette:**
Are they working with physicians at all to also inform them, better inform them in terms of prescribing?

**Renee Benzel:**
I would assume so but you know, again, in my opinion this has been almost a doctor-driven epidemic. I think that physicians are not schooled in pain management. In fact, veterinary students get five times as many education hours than medical students do. So it really starts from the time that one is being

educated in med schools but with all those that are already practicing, there's still, again, no mandatory education that's required and anyone can prescribe whether it's a dentist, an ER doc, primary care, nurse practitioner if they have a DEA license. So there's still a lot of looseness within the system.

**Ivette:**
General Dean, talk to us about what the community coalitions are doing, if anything, related to—I'm sure you're getting calls from parents and from other community activists.

**General Dean:**
Yeah, we have been. The coalitions have been actively involved in this for a generation now and very, very concerned about it. But what we've been trying to do at CADCA, Community Anti-Drug Coalitions of America, is number one, to make sure that congress and our senior federal officials understand the problem and are funding the problem and making programs available. And one of the things that we got them to do going back several years was to pass something called the Drug Free Communities Program, which allows community coalitions to get a small grant to do their work, and these coalitions are effective in doing that and they are addressing this issue. As a matter of fact, they have about four areas they can address; illicit drugs, obviously, underage drinking, tobacco, and they now can address Rx as well. And what they're finding is that when you can take the signs that we get from NIDA, the strategies we get from SAMHSA and other agencies, and implement them at the local level across multiple strategies, you can in fact push back. So coalitions are actively doing that and seeing results and have evaluations to prove that.

**Ivette:**
Very good. Dr. Stein, in terms of getting the public to really adopt the use of some of these—you come from a policy background. What has happened in order to facilitate that process?

**Jack Stein:**
I think it's changed for the positive but we've got a long way to go, as Dr. Johnson knows very well. We have many treatment programs throughout the country and many physicians that are able to prescribe these medications. We need to increase the numbers and I know that's the work that we're doing collaboratively to ensure. I think in addition, what we need to do on the research side is to keep on building up that clinical arsenal. Three medications is great but people vary and people have different needs and different types of medications may be good for different types of individuals. So we need to keep on building up what available medications that we have. As one quick example, right now, awaiting hopefully FDA approval is a form of Buprenorphine that actually can be implanted under the skin and be effective for up to six months. So can you imagine the opportunities that that arises for individuals that may have difficulty, like all of us probably have difficulty, remembering to do the same thing on a

daily basis? So I think it's just one example of how we can actually enhance some of our existing arsenal but also build additional ones.

**General Dean:**
Can I add?

**Ivette:**
Absolutely.

**General Dean:**
Also what we've been able to do with our coalitions, we had people like Dr. Stein and others come to our training events and talk about medicated-assisted treatment and then these coalitions all across the U.S. are going back out in their communities and educating their community leaders of the importance of using medications in relationship with other types of activities to solve the problem. So the coalitions are working with judges, working with district attorneys, working with other leaders in the community to help improve their knowledge and understanding and appreciation of medicated-assisted treatment.

**Ivette:**
And I think that's critical, General Dean, because part of the issue is that these medications have to get to the hands of first responders, have to get to the hands of even families because a lot of times people say, well you know, my child absolutely wouldn't do that. Well, our parents are finding out that Johnny and Mary, yes indeed, can be engaged in abusing these drugs. So I think that's a great deal of advancement I think on that front. And when we come back, I'm going to let Dr. Stein say what he needs to say. We'll be right back.

[Music]

**Kimberly Johnson:**
The most effective treatments for opioid use disorders are medications and there are three options: the first is Naltrexone which sounds like Naloxone and people get them mixed up, but Naloxone is an antidote to overdose and Naltrexone is a treatment for alcohol use disorders and opioid use disorders. Second is Buprenorphine, both of those can be prescribed by your physician. And the third is methadone and methadone is only offered in specialty clinics, but there are specialty clinics available in most states. In addition to having medication, most people need counseling, as well as potentially other kinds of recovery supports to help them achieve a full recovery and some people actually can get better without the medications and having just the counseling and recovery supports. And recovery supports are things like help with finding a good meeting to go to, help with housing, help with developing a new social environment where you have friends who aren't using. So there are all kinds of things that recovery supports can offer in addition to those sort of traditional counseling and medication. And a good treatment program will help a patient make a decision

about what the best treatments are for them, so it may include medication, it may include counseling, it may include various different types of recovery support services depending on what the person's particular needs are. SAMHSA is expanding access to medication assisted treatment in a number of different ways. We have specific grants for states to help them develop infrastructure and provide mediation, so that's our big new effort to expand access to medication. We're also working on training physicians and physician extenders like nurses and physician assistants, on using medications in treating substance use disorders and developing skills to screen so they can identify and prescribe medication so they can provide the medication part of treating substance use disorders.

[Music]

**Male VO:**
For more information on ***National Recovery Month***, to find out how to get involved or to locate an event near you, visit the ***Recovery Month*** website at recoverymonth.gov.

**Ivette:**
Welcome back. Dr. Stein, do you want to contribute what we left off in the last panel?

**Jack Stein:**
Sure. Our last discussion prompted me to realize the importance that we still have a lot of work to do around conveying to family members, society at large, and certainly clinicians the nature of addiction and addiction as a health problem, as a disease, because there are still different views on that for many people and it influences how practices actually deliver it in terms of the use of medications and behavioral therapies and other types of interventions. So it just struck me as we were talking about what we need to still do. We have a lot of work to do even just in helping the society understand what addiction really is.

**Ivette:**
And have you, has NIDA, for example, generated any kind of approaches in doing so?

**Jack Stein:**
I think so and I think we have to work very closely with colleagues and other federal agencies like SAMHSA and certainly to me the rubber hits the road with community and community coalitions and that's why partnerships with different stakeholder groups, particularly CADCA, makes it just so essential to help take some important research-based concepts such as why addiction is a disease and help translate it so that other people appreciate it, understand it and have an opportunity to talk about it. I think it really just shifts how we approach policy and practice.

**Ivette:**
Following up on the whole issue of physicians, I know that CDC, Dr. Johnson, just issued some guidelines on the prescribing of opioids for chronic pain. Can you describe pretty much what those contain?

**Kimberly Johnson:**
The guidelines from the CDC basically describe opioids as sort of the last line of defense against—for the treatment of pain. So they have recommendations about other kinds of pain management activities and to help physicians think about pain management as opposed to necessarily pain treatment and to think about how best to prescribe opioids. So it really changes the way that—or it's designed to change the way that physicians think about how they treat pain.

**Ivette:**
And has SAMHSA also issued other guidelines? I know I remember seeing a pocket guide.

**Kimberly Johnson:**
Our pocket guides. We have pocket guides for physicians particularly for treating addiction both with medications, both for treating alcoholism and opioid use disorders.

**Ivette:**
Very good, and those are available at the SAMHSA…

**Kimberly Johnson:**
The SAMHSA Store.

**Ivette:**
Store, absolutely. Dr. Benzel, in terms of, we were talking before about educating the physicians and getting them to better understand, but let's talk about also the need for the consumer to also be educated. What does the consumer need to know as they're prescribed these medications?

**Renee Benzel:**
As a parent, I think we need to question the prescription that we're getting for our children to be aware that for some people it just takes using an opiate one, two, three, four times before they become addicted because addiction is a disease, it's not a choice for many people. I also think that the patient themselves need to also be aware of the harm that it can do because for many people it really doesn't work to treat pain, many times chronic pain even, which is how a lot of the epidemic even started was trying to treat non-malignant pain. But, again, there's alternatives to using opiates so I think we all need to be well educated. And I just want to make one comment, too, because I keep hearing misuse and addiction. Some people are prescribed opiates and take them exactly how

they're prescribed and it was incorrect by the physician prescribing, or the person writing the prescription. So some people use opioids and get addicted by using them the way they were intended. So it's not always misuse, it's people that get a prescription, become habit formed, and then the rest is history.

**Ivette:**
So it goes to my point that we have to be very acutely aware when we're prescribed opioid-based medication to ask the questions and to be our own sort of advocate for our own health, correct, General Dean?

**General Dean:**
It is true. But this is such a big problem that I guess it's been a couple of years now that CADCA working with Mary Bono who was in congress, you know, and championed this issue and was very concerned about it. So it was CADCA, Mary Bono, and Trust for America's Health; so we came together about two years ago and created a collaborative and the purpose of that collaborative was to address effective prescribing policies around opioids, and we now have reached out to nearly 70 different organizations that represents individual family members, the manufacturers of these medicines, the distributors of these medicines, the physicians, pharmacists, all trying to force national guidelines and policies to help shape this issue. So it is something that requires a great deal of work by everybody and everyone is working at it very diligently.

**Kimberly Johnson:**
Can I just go to your question about people who get prescriptions? I think one of the things that happens a lot if so not for chronic pain but for something acute, you get your wisdom teeth our, for example. You may need a medication for a day or two but it's really a habit of prescribers to write a 30 day prescription. So I mean it's just a habit. That's kind of the way they do it and so people need to know it's not like taking antibiotics. It's not like you have to use the whole prescription. So I think people just have to be very conscious of what they're getting prescribed and what it's for and ask questions of their provider, of their physician or their other prescriber about what the needs really are.

**Ivette:**
Dr. Stein, it's almost for an ongoing assessment of policy related to how we're doing all these different systems, how we're approaching this issue. To the best of your knowledge, what has been the most effective approach to date and what do communities really need to be aware of because General Dean certainly talked about the coalition work and about writing to the physicians and about getting to the parents, and still you see so many people that are uninformed and as they walk into their child's room and they find them in a comatose state or in a position where they can't help them any longer, I mean help me understand this.

**Jack Stein:**

It's not an easy solution but the answer is somewhat easy, and General Dean had actually mentioned it earlier on in today's show, and that's a comprehensive approach. And I think the positive side of all of this is that particularly with the prescription drug problem that we're experiencing, it can be managed because we understand the source, we understand some of the intervention points in terms of better prescribing practices, prescription drug monitoring programs, so there are very specific things that have actually begun to be put into place and can continue to do so to really address this problem. One of the things we didn't talk about today yet, which I think is all interrelated here, it's connected to the CDC guidelines and it's connected to a great project that CADCA is doing right now building on both NIDA and SAMHSA work and that is the importance of screening, and screening brief intervention referral to treatment, we often call it SBIRT, but it's embedded in really the CDC guidelines is the importance of every physician, every clinician doing an assessment of what's going on with their patient and it's such an easy, but it does take time to do but it can be very doable to really get a better sense of what is the nature of the problem here and is there a need to do some type of an intervention whether it's a brief one or a referral to more comprehensive treatment.

**General Dean:**
And I would add that I agree with everything that's been said but I do want to raise a different issue, but a very important issue, and that is that there are individuals out there that are abusing these opioids and other medicines that are not patients, that they simply want to experience the high of drugs and therefore they are even taking them out of medicine cabinets. Real estate agents now are saying if you are selling a home, for example, don't leave any medicines in your home because people will come to an open house just to rob your medicine cabinets. So we have to understand that, yes, it's important to talk, to work on the issues that we all have been talking about, how can we help doctors better prescribe, how can we better manage pain, but we also need to understand that there's an element in our society that are intentionally misusing these opioids just to get a high, and we've got to work on that, we've got to change attitudes in the community to prevent that as well.

**Ivette:**
That's absolutely true, and when we come back, we will continue to talk about approaches to address this issue. We'll be right back.

[Music]

**Kathy:**
So I had experimented with heroin once and I liked the feeling, and I remembered that and I was so not myself. I felt like, I just want to feel normal. And being foolish, I picked up and it gave me—I was in a state of euphoria. I felt—I was relaxed, I was comfortable, I felt like I could just function. And little did I know that it was just recreation for all of two days and after that it was a need

for it. So I was physically sick for a long time. I could not—it was hard to function. I had to, because I had to go to work, take care of my baby, and it just spiraled down to losing everything. I go to mutual support groups and I volunteer in the neighborhood where they donate food, clothing, and anybody that needs help, I make sure I refer them to the proper facilities if I can. I've been in recovery for 20 years and my life is so much better. I have quality, a quality life. I have balance, I have self-respect, my self-respect, trust and the respect of my family and my friends.

[Music]

**Bobby Grubb:**
I've overdosed many times, one time I overdosed at my parents' house, upstairs in my room by myself and by the grace of God my mom came upstairs and she found me and she was able to administer Naloxone to me.

**Carl Rochelle:**
Opiates are not a drug that you sample or try or experiment with, they can be addictive and even fatal on the very first dose.

**Justin Phillips:**
Naloxone is the overdose reversal drug and primarily it exists for that purpose and that purpose only.

**Carl Rochelle:**
It's a short term and immediate fix to save lives. Overdose Lifeline was the first private organization in the state to be able to distribute Naloxone to the lay public.

**Justin Phillips:**
Which means we can carry Naloxone and distribute it to families and caregivers. We just try as much as possible to remove the barriers of asking for help. We do training sessions and we have everyone do a hands-on demonstration. So naloxone in the home is not about enabling the use it's about changing the conversation and removing that shame and stigma and allowing for recovery. Changing the language, removing the stigma provides people hope that someone cares enough to help them walk this journey, because it's a difficult, scary journey and there aren't a lot of resources in the same fashion as there are for other chronic diseases.

**Bobby:**
If you're lost in addiction, there is a way out. I used to think the only way out was to die but there actually is a way out. There's recovery.

**Justin Phillips:**

Opioid addiction is not the same as alcohol, it's just not. It's the same in that it's a chronic brain disease but it's not the same in the way treatment needs to be approached. So I really want Overdose Lifeline to be able to find what those best practice models are and be able to replicate them in the state of Indiana, provide continuum of care, recovery and treatment services.

[Music]

**Female VO:**
My story is yours. I am a mother.

**Male VO:**
I'm a father, a son…

**Female VO:**
… a daughter, I'm in recovery from a mental illness…

**Male VO:**
A substance use disorder.

**Female VO:**
With support from family and community…

**Both VO:**
We are victorious!

**Female VO:**
Join the voices for recovery: our families, our stories, our recovery!

**Male VO:**
For confidential information on mental and substance use disorders including prevention and treatment referral for you or someone you know, call 1-800-662-HELP. Brought to you by the U.S. Department of Health & Human Services.

**Ivette:**
Welcome back. General Dean, can you talk to us a little bit about some of the opioid use disorder prevention resources for communities and for the states?

**General Dean:**
I would love to do that. We have been working diligently with our federal partners to make sure that our coalitions have the best evidence-based strategies. One example is we work with our friends at NIDA and we built an online course around opioids and it's available on CADCA's website which is c-a-d-c-a.o-r-g, available free. We constantly have webinars to address medicated assisted treatment to talk about all the medicines that are available that the communities should know about. When we do our trainings, we do them twice a year for over

5,000 people. We have a whole track that addresses this issue, so it is critical that we provide the latest evidence-based strategies to all of these community groups so they can address it and I'm so pleased that we've been able to build online courses and we actually have a URL called Prevention Rx Abuse that you can go on and find a whole host of trainings available for anyone to take. Any citizen in the country can go on to Prevention Rx Abuse and find courses they can take on this issue.

**Ivette:**
Excellent. Dr. Benzel, I know that you have had some personal experience with this issue. Do you want to share that with our audience?

**Renee Benzel:**
Sure. So last year on January 4th I lost my oldest son, Alex, to an overdose. Alex had graduated from college. He was an athlete and actually was pursuing his passion of nutrition and exercise or sports medicine. He wanted to become a physical therapist after graduating with a 3.7 in business and political science. He was prescribed OxyContin for a two herniated disc back injury and was given short-acting and OxyContin and he became addicted. So he went to rehab. He tried very hard to get off, he really didn't want to be addicted. When he came home for the Christmas, New Year holiday last year, he overdosed in my home. A boy had injected him with heroin and he overdosed. This is, again, we've done so much in the last year to help all those in need but Narcan wasn't available. All of the first responders didn't have Narcan. There was 20 people that showed up at the house. I was doing CPR. I had no Narcan. So I think we're making huge strides and I'm just so thankful for all the hard work and efforts that everyone is doing to try to prevent so many overdoses, or at least prevent deaths from overdoses. I mean we still have a long way to go with some of the other areas, but yes, thank you.

**Ivette:**
Thank you. Dr. Johnson, so speaking of the prevention of overdose and the need to continue to work in that area, I know that SAMHSA CSAT has some tools for addressing that.

**Kimberly Johnson:**
Yes. Sorry, I'm kind of emotional from hearing your story. So we have a toolkit, the opioid overdose toolkit that is for—that families could use or that's really for communities to address the issue of opioid overdose and has instructions for how to go about doing that. I do also just want to mention, our role in treatment and improving access to treatment services for people—one of the things that we hear sometimes is that people try to get treatment and they get put on a waiting list or they don't have it available when they need it. So we have a number of efforts to improve access to treatment, whatever kind of treatment the patient may want, and we also have some efforts around improving the quality of treatment. So those are just a couple of things I think are important to

remember. It's important to save someone's life, obviously, but then what happens then.

**Ivette:**
What are you currently doing in terms of helping other families? Are you actively working?

**Renee Benzel:**
Yes. So we have—sadly I have many friends and moms who have recently lost a child. Our group is growing and growing, so we meet every Tuesday. My daughter also wants to start a fundraiser for Narcan to arm all the police officers and first responders because while we're making it more available, not all of them still have them on their parsons so that needs to change. I think they're educating and providing Narcan to the schools. I want to make an effort in terms of looking at after rehab going to the sober living environments because there's no accountability for these homes. They're all over. They're big business. People make money but there's no accountability and that's when people use again and relapse. I think we need to somehow get some regulations in place and guidelines, if you're gonna call your home or place or rental a sober living facility because that tends to fail people once they are discharged from rehab. The most important time is once they're discharged from rehab when they're really in the real world, and that's when our system fails them.

**Ivette:**
Jack, any other research that is going on that the audience might benefit from learning in terms of NIDA and this issue?

**Jack Stein:**
There's a lot and one I didn't get a chance to talk about involves, again, alternatives to pain medication and there's actually a whole new exciting area that's being developed by some of our researchers looking at non-medications altogether, various types of therapies.

**Ivette:**
Such as meditation or…?

**Jack Stein:**
I'll go even more high tech on you here. The use of magnets as a matter of fact. We've often hear about that and sometimes that seems a little sci-fi but there's some exciting research that's being done actually in our laboratories up in Baltimore of the use of magnets to actually change how in fact the brain operates and heals. So very preliminary but it's a very exciting area and it's non-invasive and not even requiring medications. So that's kind of some of the forward thinking that the leadership at NIDA and particularly our director, Dr. Volkov is really wanting to take the institute and think big, and I think we can really address this problem as well as the addiction problem in general.

**Ivette:**
Very good. And now we've come to the part of the show which I allow you to give us some final thoughts and I'm going to start with you, Dr. Stein. Final thoughts.

**Jack Stein:**
Final thought. I'd like to leave you and the viewers, one, thanking Renee for being here and sharing your personal story. It reminds us of why we do what we do here, and from the NIDA perspective we like to believe that science really can be a big part of the solution and for evidence-based prevention treatment and recovery approaches to rely on some of the work that comes out of NIDA-funded research. The other piece is that there are some major health consequences from addiction. HIV, Hepatitis-C are significant problems related to the opioid problem and, again, need to be squarely addressed.

**Ivette:**
Very good. Dr. Benzel, final thoughts.

**Renee Benzel:**
First, I just want to thank you for having programs like this. I think it's important to remove the stigma and judgment that addiction many times has. And secondly, I also—I guess I'm just very grateful that the awareness of this problem has grown and there's so many people working hard and taking such initiatives. You know, there's so many different programs that are around the country now just to address the issue. So thank you, again, for letting me be a part of this program.

**Ivette:**
Thank you for being here. Dr. Johnson.

**Kimberly Johnson:**
I think that for anybody that has a family member or loved one that is dealing with an opioid use disorder, I just want to leave some hope I guess because actually most people do recover. It may take time. It takes good treatment, it takes recovery supports after treatment that point in time when you leave a resident program, if that's what people are getting, is critically important. People do need, whether it's safe sober housing, whether it's peer support, whatever it is they need, actually probably lots of different things to help them get through that first couple years. So but those things can be available and are available in some communities and there is hope.

**Ivette:**
Thank you. General Dean.

**General Dean:**

Well, thank you again for this opportunity. We have been laboring in the vineyards now for more than ten years on this issue. We are excited and very pleased to see the Senate and the House are passing bills to address this issue, and the President has talked about adding more than a billion dollars as well. I guess our only concern and caution is that of all of the excitement around this issue, you have to work the whole continuum. We clearly care about saving lives. It's important that we prevent people from overdosing but we have to work starting upstream with prevention and work our way through to preventing the overdose. And if we do that, we can in fact change communities. We can take NIDA's signs and implement it out in communities and we can change attitudes and we can have a very, very positive impact. So thank you very much.

**Ivette:**
Thank you. And I want to remind our audience that September is ***National Recovery Month***, a month in which we celebrate those in recovery, the individuals who provide services for those in recovery as well as those in need of recovery, and you can get more information so that you can do activities and events throughout the country and all year round, not just in September. You can get it at recoverymonth.gov.. So we hope that you go out there and you not only work with your communities but work with every entity within your community to make them more aware not only about the opioid problems that exists in our nation and its solutions but also about what you can do to address them. Thank you for being here. It's been a great show.

[Music]

**Male VO:**
To download and watch this program or other programs in the *Road to Recovery* series, visit the website at recoverymonth.gov.

**Female VO:**
Every September, ***National Recovery Month*** provides an opportunity for communities like yours to raise awareness of mental and substance use disorders, to highlight the effectiveness of prevention, treatment and recovery services, and show that people can and do recover. In order to help you plan events and activities in commemoration of this year's ***Recovery Month*** observance, the free online ***Recovery Month*** kit offers ideas, materials, and tools for planning, organizing, and realizing an event or outreach campaign that matches your goals and resources. To obtain an electronic copy of this year's ***Recovery Month*** kit and access other free publications and materials on prevention, recovery, and treatment services, visit the ***Recovery Month*** website at recoverymonth.gov, or call 1-800-662-HELP.

[Music]
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